



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E425474**

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INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	15-01249	
LOCAL AGENCY CODING	0664	
TOTAL # OF UNITS	02	OBJECT STRUCK ROCK BANK OR LEDGE

TRIBAL RESERVATION		
DATE OF COLLISION	M M D D Y Y Y Y	TIME (2400) COUNTY # MILES CITY #
05 - 18 - 2015	1527 31	N S E W IN OF <input checked="" type="checkbox"/> 0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
CEDAR RD	BLOCK NO. <input checked="" type="checkbox"/>	2529
DISTANCE	MILES	OF (REFERENCE OR CROSS STREET)
	FEET	

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4253976522
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LAST NAME	CONNOLLY	FIRST NAME	RICHARD	MIDDLE INITIAL	J
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STREET NEW ADDRESS	128 85 AVE SE				
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	CONNORJ445MM	STATE	WA	SEX	M	D.O.B. MMDDYYYY	07 - 14 - 1956
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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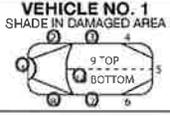
LICENSE PLATE #	ABZ6228	STATE	WA	VIN#	1GNEL19X33B137128
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2003	MAKE	CHEV	MODEL	ASTRO	STYLE	VN	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	R+R STAR TOWING	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. OWNED BY DRIVER	VEHICLE NO. 1 SHADE IN DAMAGED AREA
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	AMERICAN COMMERCE INS CO ACPA-000056523
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input checked="" type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4253084420
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LAST NAME	J.S.D. CAPITAL	FIRST NAME		MIDDLE INITIAL	
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STREET NEW ADDRESS	PO BOX 848				
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #		STATE		SEX	U	D.O.B. MMDDYYYY	
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
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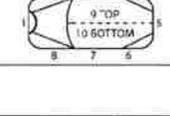
LICENSE PLATE #	STATE	VIN#
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR		MAKE		MODEL		STYLE		VEHICLE TOWED YES <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>
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REGISTERED OWNER INFO.	VEHICLE NO. 2 SHADE IN DAMAGED AREA
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LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
ROBERT MINER	095	WA0311900



1591972

CORRECTION

REPORT NO. **E425474**

CASE # **15-01249**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

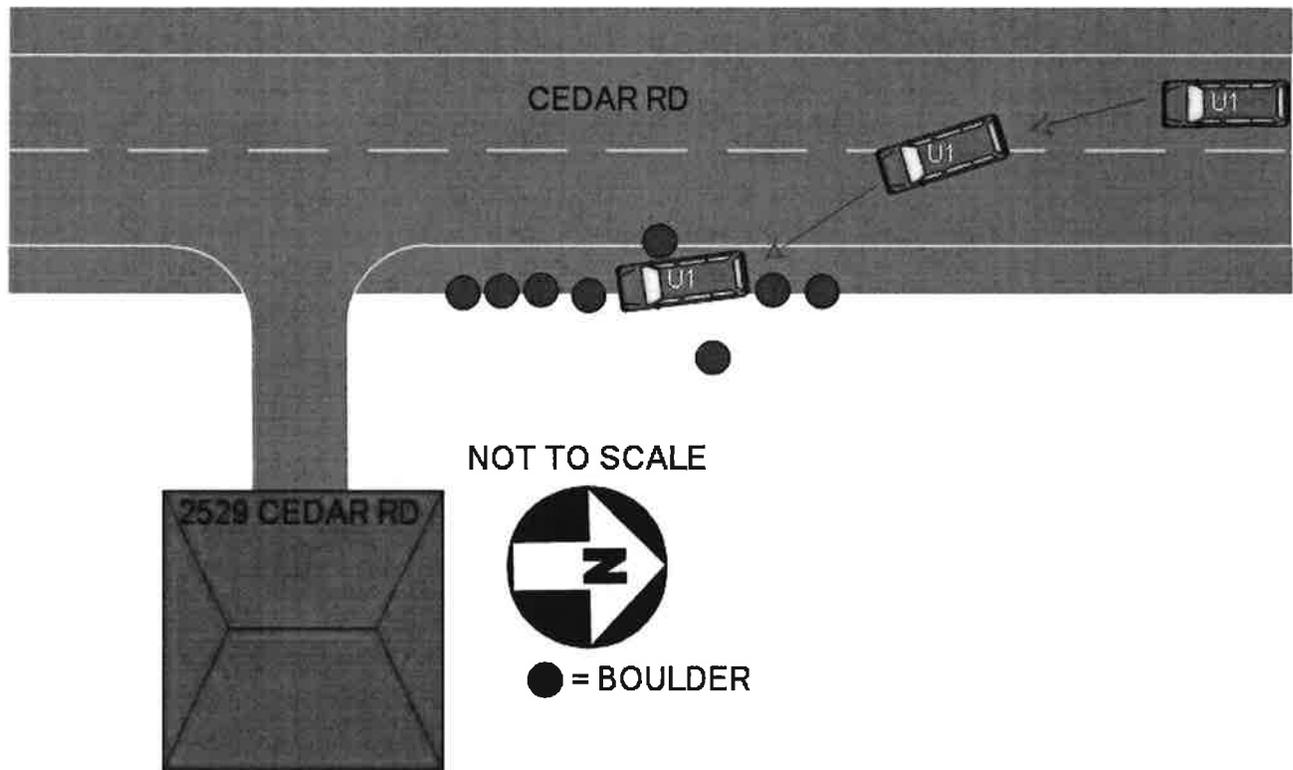
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES				
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES				
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES				

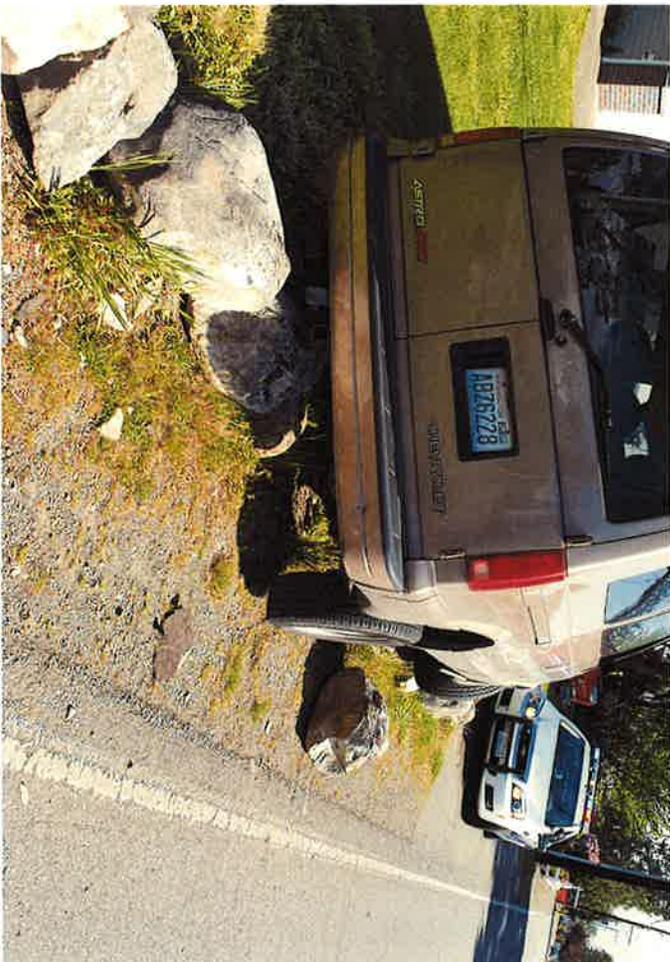
NARRATIVE

Unit #1 was southbound on Cedar RD in the 2500 block. Driver of Unit #1 turned his attention from the road to the passenger seat as he reached over to grab an item. While doing so, Unit #1 crossed over the center line and into the lawn of 2529 Cedar Rd. The property is line with large boulders, and Unit #1 impacted with them. The boulders stopped the forward movement of Unit #1. There were no injuires. Unit #1 was towed by R+R Star Towing at the request of driver of Unit #1's AAA.

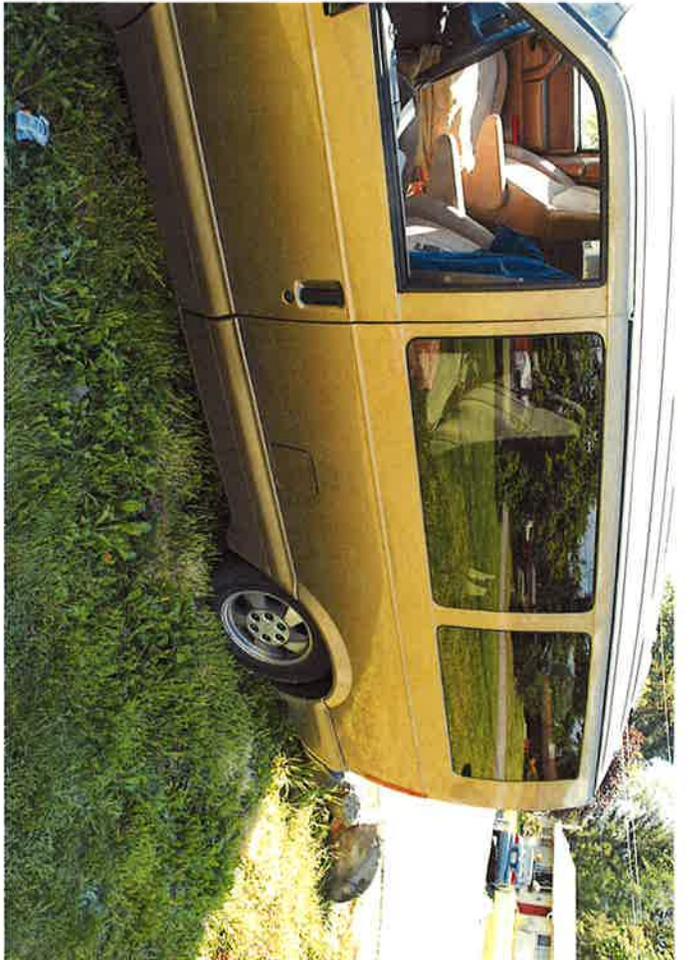
I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

ROBERT MINER				05-18-15 04:58 PM			
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET		DATED		PLACE SIGNED	
APPROVED BY ROBERT MINER 095				DATE 5/18/2015 4:58:41 PM			
BADGE OR ID #	095	ORI #	WA0311900	TIME POLICE DISPATCHED	3:27 PM	TIME POLICE ARRIVED	3:29 PM





15-1299



PS-1249



15-1249

LAKE STEVENS POLICE EVIDENCE UNIT	Primary Officer/Badge Number <i>K. Miner 95</i>	Case Number <i>15-1249</i>
Type of Crime: Felony / Misdemeanor (Circle)	Type of Case: <i>Collision</i>	Date/Time: <i>5/16/15 16:15</i>

Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING
 *Evi will be held until court dispo or when the Statute of Limitations has expired
 *Found and Sfkg will be held for 60 days or 60 days past owner notification

Case #	Item # <i>em1</i>	Item <i>CD</i>	Brand Name <i>Compucessory</i>	Storage Location	Disposition
	Action # <i>3</i>	Brand/Model/Caliber <i>Scnr Phabs</i>		(Further Description)	
	Serial #	Where Found	Weight of Narcotic		

Owner's Name	Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions						

Case #	Item #	Item	Brand Name	Storage Location	Disposition
	Action #	Brand/Model/Caliber		(Further Description)	
		Serial #	Where Found	Weight of Narcotic	

Owner's Name	Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions						

Case #	Item #	Item	Brand Name	Storage Location	Disposition
	Action #	Brand/Model/Caliber		(Further Description)	
		Serial #	Where Found	Weight of Narcotic	

Owner's Name	Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions						

Case #	Item #	Item	Brand Name	Storage Location	Disposition
	Action #	Brand/Model/Caliber		(Further Description)	
		Serial #	Where Found	Weight of Narcotic	

Owner's Name	Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions						

Case #	Item #	Item	Brand Name	Storage Location	Disposition
	Action #	Brand/Model/Caliber		(Further Description)	
		Serial #	Where Found	Weight of Narcotic	

Owner's Name	Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions						

Evidence Control Use Only:

Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING: _____
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File

Incident History for: #SS15009534 Xref: #AG15001407

Case Numbers: \$SS15001249

Entered 05/18/15 15:27:02 BY SPDF25 SP0325
Dispatched 05/18/15 15:27:43 BY SPDP17 SP0339
Enroute 05/18/15 15:27:43
Onscene 05/18/15 15:29:37
Closed 05/18/15 16:02:24

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS001 Fire BLK: AG1619 Map Page: 377G-5 Group: SS1 Beat: NORT

Src: T

Loc: 2529 CEDAR RD ,LKS btwn 24 ST NE & 30 ST NE (V)

Loc Info:

Name: DANNELLE Addr: Phone: 4259714872

/1527 (SP0325) ENTRY , VEH VS LARGE ROCKS, UNK INJ
/1527 CROSS #AG15001407
/1527 (SP0339) AGCADV , BCST
/1527 (SP0325) SUPP TXT: BRO VAN, OLDER MALE DRIVER LOOKS DAZED/CONF
USED, LEAKING GAS/OIL
/1527 (SP0339) DISPER 19S13 #SS95 MINER, SGT (ROBERT)
/1528 (SP0325) SUPP NAM: DANNELLE,
PHO: 4259714872
/1529 (SP0339) ONSCNE 19S13
/1530 SUPP TXT: PD OS ADV NON INJ, AID CAN CANCEL
/1533 (*****) REMINQ 19S13 ABZ6228
/1533 (SP0339) REMINQ 19S13 LIC, 19S13, ABZ6228, , ,
/1534 CHANGE LOC: 2532 CEDAR RD ,LKS --> 2529 CEDAR RD ,LKS
/1534 (SS95) *ASCAS 19S13 \$SS15001249
/1534 (*****) REMINQ 19S13 CONNOLLY, RICHARD. J. 07141956. .
/1534 (SP0339) REMINQ 19S13 NAME, 19S13, CONNOLLY, RICHARD, J, 07141956, ,
/1602 CLEAR 19S13 D/H
, AAA OS
/1602 CLOSE 19S13